UNIVERSITY OF ABERDEEN

**SUSPENSION/WITHDRAWAL FROM STUDY**

**(Undergraduate Students)**

It is important that you complete this formif you wish to take time out from your studies or withdraw from study. Completing this form will ensure that your student record is kept up-to-date and that the relevant University Offices are informed of your suspension/withdrawal from study. Only the first page of this form will be sent to the University Offices indicated below. **The information you provide on the second page of the form will be analysed to help the University better understand the reasons why students suspend or withdraw from their studies so that we can make adjustments to our student support services as appropriate.**

Before completing this form, PLEASE discuss your position with your Personal Tutor or any of the staff listed overleaf – they are available to discuss options which may permit you to continue with your studies or resume them at a later date. If you wish to apply for readmission, please complete the *Application for Internal Transfer or Readmission* form which can be downloaded from <http://www.abdn.ac.uk/infohub/study/readmission.php> and return to Registry Student Services (address overleaf). Please note your application **MUST** reach us by the deadline date stipulated on the *Application for Readmission* form.

Thank you.

# Gillian Mackintosh

Academic Registrar

...............................................................................................................................................................................................……………...

Please complete this form **in BLOCK CAPITALS.**

**Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Identity Number |  |  |  |  |  |  |  |  |  |  | Date of Birth |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Prenames |  |
| Qualification Aimed For |  | Year of Study |  |
| (eg MA; BSc etc) |  | (eg 1st) |  |

|  |  |
| --- | --- |
| Term-Time Address.........................................................................................…………............................................................................................…………................................................ POSTCODE .....................…………Tel No. ………………………………………………………………….Email: …………………………………………………………………. | Address for Future Correspondence................................................................................…………….................................................................................………….......................................... POSTCODE ...................…………..Tel No. …………………………………………………………….Email: ……………………………………………………………. |

|  |
| --- |
| NOTE: The date of withdrawal is the date that this Withdrawal Form is submitted to the Registry[[1]](https://mail.abdn.ac.uk/owa/?ae=PreFormAction&a=ReplyAll&t=IPM.Note&id=RgAAAADS2VdE%2bbgFT7hmOpejJq2GBwAU3tXm7bzHSpUTIm%2ffuPwvAAACamnwAADOKw2VPsajS5TSTRRRMzVtAP%2bOXx5YAAAJ" \l "_ftn1" \o "" \t "_blank), and it will be date-stamped on receipt, or counter-signed by a member of Registry staff.  You will be a registered student of the University until the Form is submitted and you will be charged the appropriate tuition fees up to the date of receipt.  Retrospective withdrawal is not permitted.  Please return your student id card to us.  N**OTE: IF YOU ARE HOLD A TIER 4 VISA**: If you withdraw from study we are no longer able to sponsor you under Tier 4. The University is obliged to report to the Home Office any international students who have a Tier 4 visa and who have withdrawn. Please refer to the terms of your visa.[[1]](https://mail.abdn.ac.uk/owa/?ae=PreFormAction&a=ReplyAll&t=IPM.Note&id=RgAAAADS2VdE%2bbgFT7hmOpejJq2GBwAU3tXm7bzHSpUTIm%2ffuPwvAAACamnwAADOKw2VPsajS5TSTRRRMzVtAP%2bOXx5YAAAJ" \l "_ftnref1" \o "" \t "_blank) If you notify the Registry in writing of your intention to withdraw from study, and follow that up within 2 weeks by submitting a Withdrawal Form, your end date will be recorded as the date that you first notified the Registry. |

Signature: ...................................................................................................... Date: ......................................................

**PLEASE COMPLETE THE SECTIONS OVERLEAF AND RETURN TO:**

## uNIVERSITY OF ABERDEEN, reGISTRY student services, The Hub, Elphinstone Road, ABERDEEN, AB24 3tu

***Your co-operation in returning this form will be very much appreciated***

|  |  |  |
| --- | --- | --- |
| **REGISTRY USE ONLY** |  |  |
| Date Received: ................................... | Withdrawal entered on Student Record |  |
| Area of Study: .........…………............ | Fees amended, if necessary |  |
| Date of Suspension/Withdrawal: ……………………. | Rebate of Fees Authorised (if applicable) |  |
|  |  |  |
| Circulation ***(this side only)*** to:- |  |  |
| Student Accommodation Office |  |  |
| Student Loans Office/Tuition Fees |  |  |
| Personal Tutor |  |  |
| personaltutor@abdn.ac.uk |  |  |

ugwdform

UNIVERSITY OF ABERDEEN

**REASONS FOR SUSPENSION OR WITHDRAWAL FROM STUDIES**

**(Undergraduate Students)**

Please indicate your reasons for suspension/withdrawal from studies. These will be analysed to help the University understand and evaluate the reasons why students suspend their studies or withdraw.

**Reasons for suspension/withdrawal from studies** (Please tick all boxes that apply):-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal/Family Reasons |  |  | Admission to Honours programme refused |  |
| Ill Health |  |  | Insufficient credits to return to the University |  |
| Financial Problems |  |  | Sufficient credits to return to University but insufficient to proceed tothe next year of my desired programme |  |
| Dissatisfaction with the University |  |  | Eligible to proceed to next year of my desired programme but wish to take a “year out” (tick as appropriate):- |  |
| Unsettled in Aberdeen |  |  |  a) to gain relevant practical experience |  |
| Dissatisfaction with Programme of Study |  |  |  b) for other reasons (please amplify below) |  |
| Problems with a member of staff |  |  | Transferred to another Higher Education Institution |  |
| Academic requirements too demanding |  |  | Other Reasons: Please indicate below |  |

I HAVE DISCUSSED MY REASONS FOR WITHDRAWAL WITH THE FOLLOWING (Please tick as appropriate):-

|  |  |
| --- | --- |
| PPA/Regent/Personal Tutor |  |
| Student Support Staff |  |
| Registry Officer |  |
| Financial Assistance Staff |  |
| Students’ Association |  |
| University Medical Practice |  |
| University Counselling Service |  |

It would be extremely helpful if you could expand on your reasons for leaving. Please indicate what additional support you would have found beneficial (e.g. study skills, academic guidance, personal or student support services support) which, if provided, may have resulted in you continuing with your studies rather than withdrawing (continue on a separate sheet if necessary):-

|  |
| --- |
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|  |
|  |
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|  |
|  |
| Signature: |  | Date: |  |

## PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS ON PAGE ONE AND RETURN THIS FORM TO:

## REGISTRY STUDENT SERVICES, THE HUB, ELPHINSTONE ROAD, ABERDEEN, AB24 3TU

NOTE

Except for the degrees of MBChB, Class Certificates are valid as an entitlement to admission to degree assessment and are limited to the Session in which they were awarded and to the Session immediately following.